pen to my family?" These questions are of course real ones, and they plague us daily. The basic question, though, is "Can I be happy?" or "Is life worth living?" And, of course, these are the same questions that healthy persons must answer. I dare say that living in an iron lung considerably sharpens the focus and makes fuzzy, superficial thinking untenable! One must sharply dissect away the seemingly important things, the illusory standards and the petty apparent necessities which frequently encumber the average life and thought. The question must be faced decisively! "Is there a greater good than a greater evil?" No iron lung patient with whom I have talked has considered other than that the balance is for the good.

One's life is difficult; families and family relationships do suffer; one's hopes and dreams are destroyed but for a few; discomfort is always present, frustrations are maddening, and disappointments many. However, that is the evil.

Today I saw about a dozen patients in my office, within wheel-chair distance. I am important to them. We are having friends in for dinner with the family this evening. The table is a little crowded in front of the respirator, but the essences of good fellowship are still there, and the warmth of my family bustling about is as wonderful to me as to any man. I am as important and necessary to them as ever! Later this evening our friends will show us slides of their recent trip to Europe. Later on, I might play chess with my neighbor with insomnia, or perhaps work on an article which will deal with the relationship of poliomyelitis to allergy. Tomorrow, I will have to go into the lung early in order to come out for a couple of hours in the evening to meet with the executive committee of the local tuberculosis association. The next day is Wednesday, my day out of the office. A neighbor boy and my small son and I are going fishing on the wharf. It is almost an hour by wheelchair and an hour back, which leaves at least two hours for fishing; and then back into the lung. All the way down and back we will watch for the fall flights of the dragon-flies, and an occasional solitary vereo, and wonder that the buds of the black willows are beginning to swell already and it is only December.

Each patient must solve the problem of his own solitude and motivation. There are as many ways as there are patients.

The iron lung is, of course, still a damnable problem but it must not be solved with despair and pessimism, not of course with Pollyannaism, or obliqueness. As with the nuclear bomb, which we have also devised, we cannot be horrified by the Machine. We should feel responsible about its existence and for those who are directly affected by the necessity to live in an iron lung. There are many possible things that can be done. Being doctors does not exempt us from the responsibilities or the privileges of being human beings! We must use imagination, empathic concern, we must offer friendship and enjoy it, we must encourage, we must initiate a program for the patient as a living human being oppressed by a devastating and unremittent illness. First of all, means must be provided iron lung patients to live at home. Means must be provided by cooperative effort or, temporarily, by government subsidy, so that the patient can live with essential dignity. Psychological or psychiatric rehabilitation has been grossly neglected and is of greatest importance. Realistic employment rehabilitation is possible, and spontaneous community interest might even designate jobs which would eventually give independence. Switchboards can be operated by tongue or breath-control to make telephone answering services or physicians' exchanges possible for the iron lung patient. Specialty selling is being done with a small showroom and self-service, in conjunction with the iron lung. For persons with talent for it, creative writing is a most satisfying answer. The initiative must often come from the outside, but no community anywhere has failed to respond once the requirements have been effectively presented. The enormous resources of the record libraries for the blind should be made available to respirator patients.

The suffering which Dr. Baer imagines the machine to be causing is not because of the machine itself, but because of the isolation, the sense of social rejection, the erosion of the ego, the frequent necessity of going it alone. The invalided and the deformed and the disabled in mind and body will always be with us, as we know. There must be iron lungs, and braces, and mechanical kidneys, resectoscopes and all manner of useful mechanical contrivances, but our skill in technology must not find us incapable or insensitive in our essential concern for our fellow man. We must continue to care for him with skill, with loving kindness, with affirmation, and with patience. And this we must do not with lip-service but with actions, large or small.

I am glad that the correspondent is not restricted to an iron lung, but I am also grateful that I am still alive.

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IN THE DECEMBER ISSUE of *California Medicine* appears a letter from Dr. Louis Shattuck Baer which states: "I will never give my doctor permission to place me in an iron lung. I would far rather die than risk being kept alive a total and permanent invalid."

Dr. Baer's statement deserves respectful reading for he faced this situation as a patient. It fails, how-

ever, to resolve the multihorned dilemma which confronts the physician who must decide upon the use of the respirator. It might do great harm if it caused the laity to believe that admission to the respirator is the end of all hope or if physicians should conclude therefrom that no useful purpose is served by the attempt to keep alive the adult or child with respiratory failure. It is not possible for the physician to know the ultimate fate of such a patient nor can he arrogantly decide whether or not the use of the respirator might be better for the given patient. The patient himself might choose which alternative to select if he were in a position to make a valid decision. Few parents would choose not to give a child the opportunity for survival even when there might be little assurance of eventual rehabilitation.

It is perfectly true that some patients with dismally profound respiratory paralysis are kept indefinitely alive by this machine in a state of complete dependency which offers no hope of ultimate recovery. Almost anyone, if he were to make his choice when he was well, would prefer death as a happier alternative. Unfortunately a course of action must be decided upon at a time when the patient's condition does not usually permit him to share in the decision and his previous convictions can hardly cause the physician to join in his determination for self destruction.

Even with prolonged and complete respirator dependence the will to live persists and many patients accomplish a surprisingly useful and happy existence.

There are many healthy persons who might prefer, before the emergency arises, not to subject their bodies to many of the indignities which accompany modern medical and surgical care. When these conditions actually occur the ultimate judgment for necessary care must be that of the physician.

It is almost impossible to determine during the rapid onset of respiratory failure which patients will go on to permanent dependency and which may quickly recover. The respirator was designed to maintain life during a short period of respiratory arrest with the hope that this function would return. As a matter of fact it was first devised for postdiphtheritic paralysis in which ultimate recovery might well be expected. Many patients who would certainly die during the height of poliomyelitis survive because of the use of the respirator and with varying degrees of postpolio paralysis. Some of these—and not an inconsiderable number—make complete functional recovery.

The first California respirator patient was twice unconscious from respiratory failure, once before he was admitted to the machine and a second time when he was removed for the substitution of another patient (no other machine being available) and before he could be readmitted. When last heard from this man was leading a useful life without very serious impairment. Examples might be multiplied of those who survived the height of the disease only because of the use of the mechanical respirator and have thereafter gone on to relatively normal existence.

The function of the physician is to try to prolong life to the best of his ability—his best efforts never afford more than a reprieve. It is not his prerogative to determine which patient should have the benefit of efforts to maintain life or when these efforts should be terminated. Such decisions must be other than his—sometimes that of a kindly providence.

Sincerely,

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THE DECEMBER ISSUE of *California Medicine* contained a letter by Dr. Louis Shattuck Baer presenting views concerning the use of the "iron lung" for respiratory assistance in poliomyelitis. If the point of view expressed by Dr. Baer were accepted by those of us who deal with acute poliomyelitis, the case fatality rate in this disease would return precipitously to that which prevailed ten years ago, and literally scores of unfortunate young people who now not only survive poliomyelitis but return to normal lives would be doomed to die. During the past four years, approximately 120 patients with severe bulbar and spinal respiratory paralysis have been treated in Alameda County hospitals. Of these, 15 have died. Since January 1953 some 50 patients with grave paralysis have been treated for respiratory paralysis and only one fatality occurred. No deaths have occurred during 1954. Of the 50 patients with respiratory paralysis treated during the past two years, only two are totally quadriplegic, and only a small additional number will remain very severely handicapped throughout life. Most of the patients involved have already returned to gainful lives, sufficiently rehabilitated to have resumed their normal family relationships and either their original or some other form of gainful employment. In virtually every instance, quite in contradistinction to Dr. Baer's opinion, *these patients would not have survived without the use of the iron lung.* Had some few of them been lucky enough to escape death, they would almost certainly have progressed to total quadriplegia as a secondary result of augmentation of damage to the nervous system through hypoxia.

Had we followed Dr. Baer's admonition to inform each of these patients of "all the pros and cons in-